

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DALE STRONG FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 18502

Check if different
than previously
reported. (ACC)

HUNTSVILLE

AL

35804

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00774281

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

AL

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
11 / 26 / 2024

through

M M / D D / Y Y Y Y
12 / 31 / 2024*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer MCDANIEL, BEN, , ,

Signature of Treasurer

MCDANIEL, BEN, , ,

Date

M M / D D / Y Y Y Y
01 / 31 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DALE STRONG FOR CONGRESS

Report Covering the Period: From: 11 / 26 / 2024 To: 12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2500.00	6800.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2500.00	5800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17902.41	51326.15
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	17902.41	51326.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	628977.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	240000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DALE STRONG FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

2400.00

6700.00

(ii) Unitemized

100.00

100.00

(iii) TOTAL of contributions
from individuals ▶

2500.00

6800.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

2500.00

6800.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

2500.00

6800.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17902.41	51326.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17902.41	52326.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	644379.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2500.00
25. SUBTOTAL (add Line 23 and Line 24).....	646879.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17902.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	628977.42

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

DUPREE, GERALD, , ,

A.

Mailing Address 147 DUPREE DRIVE

City

HUNTSVILLE

State

AL

Zip Code

35806-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA11A.20283

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PLUNK, JOHN, , ,

B.

Mailing Address 112 LINDSAY LN N

City

ATHENS

State

AL

Zip Code

35613-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHN PLUNK ATTORNEY PC

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA11A.20284

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SPIVEY, LAWRENCE, , ,

C.

Mailing Address 424 ARGYLE DR

City

ALEXANDRIA

State

VA

Zip Code

22305-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALPINE GROUP

Occupation

LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : SA11A.21285

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

2400.00

TOTAL This Period (last page this line number only)..... ▶

2400.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US HOUSE OF REPRESENTATIVES GIFT SHOP

Mailing Address 15 INDEPENDENCE AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2024

City
WASHINGTONState
DCZip Code
20515Purpose of Disbursement
DONOR GIFTS

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

254.85

Transaction ID : SB17.I5574

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DENNIS KEIM / DK STUDIO

Mailing Address 6752 STEEPLECHASE DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2024

City
HUNTSVILLEState
ALZip Code
35806Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

755.00

Transaction ID : SB17.I5575

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PRESNALL, BRAD, , ,

Mailing Address 153 FAYE DRIVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

City
DECATURState
ALZip Code
35806Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I5582

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4509.85

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRONG, DALE, WHITNEY, ,

Mailing Address P.O. BOX 18502

City
HUNTSVILLEState
ALZip Code
35804Purpose of Disbursement
TRAVEL / FOOD

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

753.23

Transaction ID : SB17.I5583

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMPTON INNMailing Address 7930 JONES BRANCH DR.
STE 1100City
MCLEANState
VAZip Code
22102Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

535.62

Transaction ID : SB17.I5587

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD STREET

City
SAN FRANCISCOState
CAZip Code
94158Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

147.61

Transaction ID : SB17.I5586

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

753.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUPMailing Address 611 PENNSYLVANIA AVE SE
#267City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

1735.08

Transaction ID : SB17.I5579

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELITE EMBROIDERY AND SCREEN PRINT

Mailing Address 1892 JEFF RD NW

City
HUNTSVILLEState
ALZip Code
35806Purpose of Disbursement
DONOR MEMENTOS

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

2375.00

Transaction ID : SB17.I5581

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
28272-1205Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

7145.05

Transaction ID : SB17.I5584

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

11255.13

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR.

City
FORT WORTHState
TXZip Code
75261Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3808.74

Transaction ID : SB17.I6579

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. B.K. MILLER MEATS & LIQUOR

Mailing Address 9024 OLD BRANCH AVE

City
CLINTONState
MDZip Code
20735Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

405.48

Transaction ID : SB17.I6578

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

309.29

Transaction ID : SB17.I6575

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PATRIARCH DISTILLERSMailing Address 12251 CARY CIR
STE 100City
LA VISTAState
NEZip Code
68128Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

811.33

Transaction ID : SB17.I6580

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. THE CONGRESSIONAL CLUB MUSEUM AND FOUNDATION

Mailing Address 2001 NEW HAMPSHIRE AVE NW

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

295.00

Transaction ID : SB17.I6574

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. US HOUSE OF REPRESENTATIVES GIFT SHOP

Mailing Address LONGWORTH BLDG

City
WASHINGTONState
DCZip Code
20515Purpose of Disbursement
DONOR MEMENTOS

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

243.80

Transaction ID : SB17.I6577

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

1241.00

Transaction ID : SB17.I6576

☒ Memo Item**B. CMDI**Mailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I5585

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1200.00

TOTAL This Period (last page this line number only).....▶

17718.21

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L021121

DALE STRONG FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2021M M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONE

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L021122

DALE STRONG FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 26 / 2022M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L021123

DALE STRONG FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

STRONG, DALE, WHITNEY, ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2022M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONE

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

240000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.